

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000080780

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** OSCAR M. RODRIGUEZ-FONTS, P.A.

**Current Principal Place of Business:**

4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

4000 PONCE DE LEON BLVD.  
STE. 470  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4000 PONCE DE LEON BLVD., STE. 470  
CORAL GABLES, FL 33146

**New Mailing Address:**

4000 PONCE DE LEON BLVD.  
STE. 470  
CORAL GABLES, FL 33146

FEI Number: 26-0614029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RODRIGUEZ-FONTS, OSCAR M  
169 EAST FLAGLER STREET  
SUITE 1200  
MIAMI, FL 33131 US

**Name and Address of New Registered Agent:**

RODRIGUEZ-FONTS, OSCAR M  
4000 PONCE DE LEON BLVD.  
STE. 470  
CORAL GABLES, FL 33145 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: OSCAR M. RODRIGUEZ-FONTS

04/20/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: RODRIGUEZ-FONTS, OSCAR M  
Address: 4000 PONCE DE LEON BLVD., STE. 470  
City-St-Zip: CORAL GABLES, FL 33145 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: OSCAR M. RODRIGUEZ-FONTS

P

04/20/2011

Electronic Signature of Signing Officer or Director

Date